

# Improved External Cause of Injury Coding: *A Military Necessity*

On behalf of the  
Office of the Secretary of Defense  
LTC Steven H. Bullock, USACHPPM

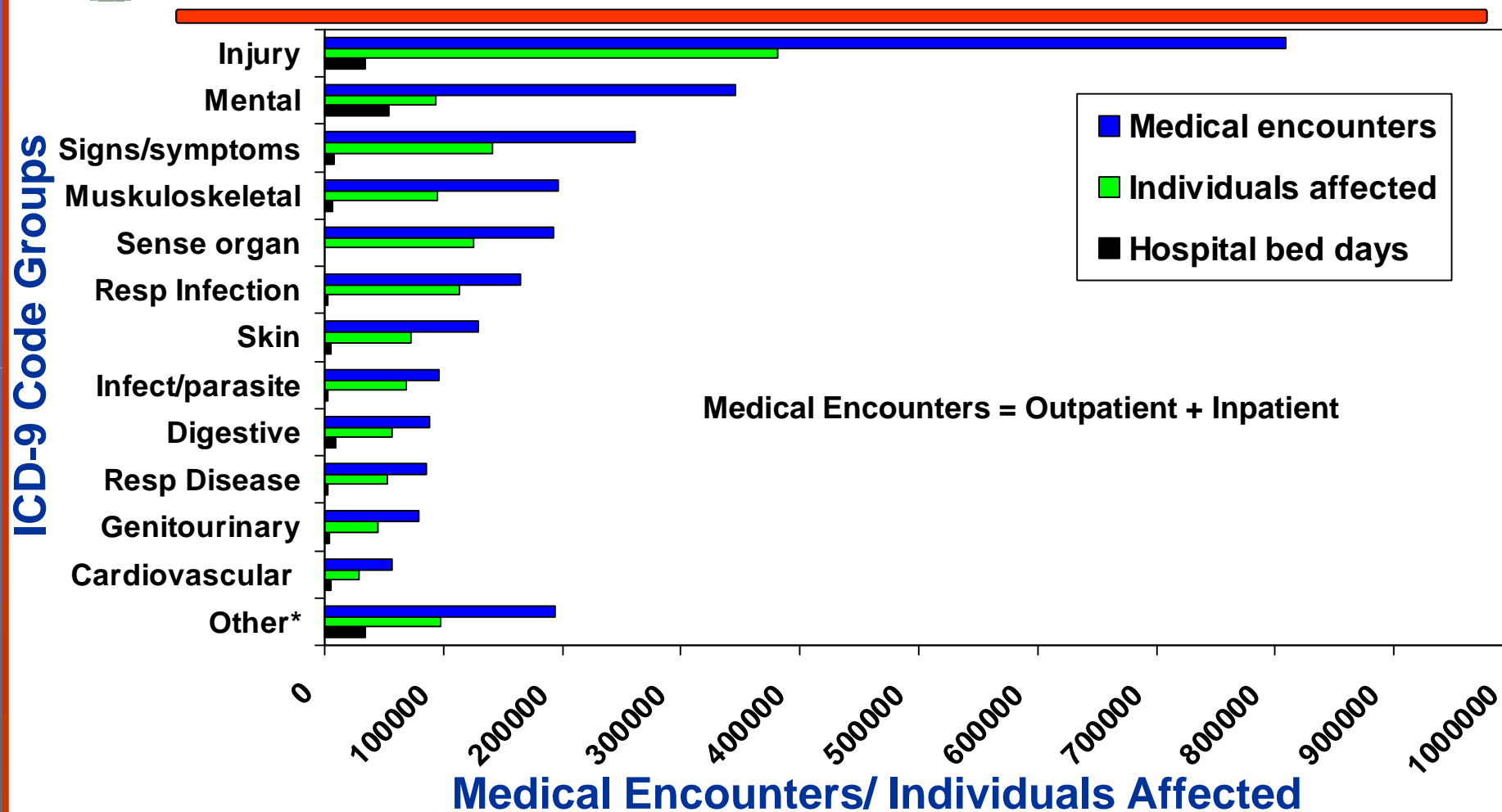


U.S. Department of Defense  
**Military Health System**

DoD Health Affairs POC: Lt Col Nancy K. Fagan

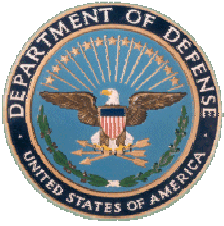


# Burden of Injuries and Diseases on US Army 06



\*Includes all ICD-9 codes groups with less than 50,000 medical encounters

Source: Medical Surveillance Monthly Report, 12(3):17, Apr07 ([http://amsa.army.mil/1MSMR/2007/v14\\_n01.pdf#Article2](http://amsa.army.mil/1MSMR/2007/v14_n01.pdf#Article2))

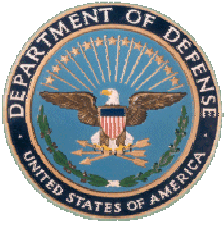


# Largest Health Problem in Military

- **>1,200,000 injuries affecting ~900,000 Servicemembers**
- **>25 million days of limited duty**



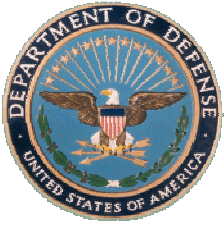
**Greatest Health Threat to  
Military Readiness**



## DoD Established Need for Better Coding

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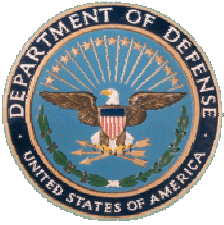
- SECDEF: *Prevent injury to improve readiness*
- Phase I: 28 Sep 07 C&M
- E927 Overexertion & strenuous *and repetitive* movements *or loads*
  - Sudden traumatic
  - Cumulative trauma from
    - *Repetitive impact*
    - *Repetitive motion*
    - *Prolonged static positioning*
  - General overexertion



# Phase II- Oct 2008 implementation

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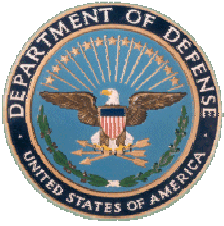
- 22 significant activity categories (PT, sports/recreation, hobbies)
- Activity code status
  - Civilian
    - *Work*
    - *Leisure*
    - *Student*
  - Military
    - *Military activity*
    - *Leisure*
- Expanded stress fracture diagnosis codes
- Water transport improvements for military watercraft
- Firearm mechanical malfunction improvements
- Expansion of injuries in operations of war (battle and non-battle)
- Chapter heading notes encouraging “use additional code” to describe cause



# Process

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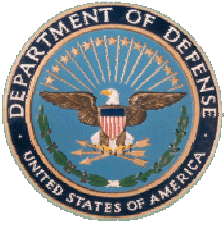
- **WHO acknowledges importance of activity for prevention**
- **ICD-10, ICD-10-CM, ICECI, and military-only code scheme considered**
- **Consultation with nosologists, DoD cause coding resource group (including UBU)**
- **Parallel concepts from ICD-10 and 10-CM**
- **Codes mutually exclusive (no redundancy)**
- **Clear guidelines document planned**



# Benefits of Oct 08 Implementation

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- **Complete the redesign of EHR to capture codes**
- **Improved surveillance now**
  - Enables targeted resources for prevention initiatives
  - Provides a monitor of success of prevention strategies
  - Reduces costs of care
  - Fosters partnership with safety centers as public health agencies
  - Improves Force readiness
- **Beta-test for future system(s)**
  - Leverages remaining lifetime of legacy system
  - Allows for exclusion/inclusion criteria refinement
  - Provides a test of coding consistency in subset population
  - Expandable to meet unforeseen needs
  - Codes remain optional for civilian use



# Questions

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